Division of Health Care Facilities

08-20-2015

29/31

PRINTED: 07/30/2015 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 0102 COMPLETED TN2602 07/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 1200-8-6-.08 (1) Building Standards N 831 N 831 N831 (1) A nursing home shall construct, arrange, and 1) maintain the condition of the physical plant and a) On 7/26/15, vendor quote was the overall nursing home environment in such a accepted with work to begin replacing manner that the safety and well-being of the main dining room ceiling residents are assured. b) On 819/15, repairs were completed in the bathroom under the sink in D3. c) On 8/4/15, repairs were completed to the damaged walls in B Wing This Rule is not met as evidenced by: shower room. Based on observations, the facility failed to d) On 8/0/15, repairs were completed maintain an overall environment. to the flooring in room D3. e) On 7/29/15, the Housekeeping The findings included: Supervisor and Maintenance Director 1. Observation on 7/27/2015 at 10:04 AM, removed the excessive lint build up in revealed the ceiling was damaged in the main the rear and front filters of the three dining room. drvers. 2. Observation on 7/27/2015 at 10:44 AM, 2) revealed damaged walls in the following areas: D Wing residents (wing is closed) room D-3 in the bathroom under the sink and have the potential to be affected. The D-wing shower room (3 by 4). Executive Director approved repairs to begin and will not reopen D Wing 3.Observation on 7/27/2015 at 10:44 AM, until all repairs are made to safety revealed damaged flooring in room D-3. standards. 4. Observation on 7/27/2015 at 12:56 PM, revealed the back of the gas dryers were covered in lint. These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/27/2015. Division of Health Care Facilities LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

(X6) DATE

continuation sheet 1 of 1

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 0102 COMPLETED B. WING TN2602 07/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) 3) N 831 1200-8-6-.08 (1) Building Standards N 831 On 7/27/15, the Executive Director (1) A nursing home shall construct, arrange, and educated the newly hired maintain the condition of the physical plant and Maintenance Supervisor related to the the overall nursing home environment in such a facility's requirement to maintain the manner that the safety and well-being of the condition of the physical plant and residents are assured. overall nursing home environment. b) On 7/28/15, the Executive Director and Maintenance Supervisor conducted a facility wide audit to This Rule is not met as evidenced by: identify any additional areas of Based on observations, the facility failed to concern noted with an immediate plan maintain an overall environment. of correction implemented. c) On 7/29/15, the Executive Director The findings included: educated the newly hired Maintenance Supervisor related to the 1. Observation on 7/27/2015 at 10:04 AM, facility's preventative maintenance revealed the ceiling was damaged in the main program and the procedures related to dining room. ensuring the dryers are free of lint Observation on 7/27/2015 at 10:44 AM, build up. revealed damaged walls in the following areas: d) On 8/3/15, the facility's Safety room D-3 in the bathroom under the sink and Committee held an ad hoc meeting to D-wing shower room (3 by 4). address safety concerns related to excessive lint build up in the facility 3. Observation on 7/27/2015 at 10:44 AM. dryers and to implement an revealed damaged flooring in room D-3. immediate plan of correction. 4. Observation on 7/27/2015 at 12:56 PM. revealed the back of the gas dryers were covered in lint. a) Weekly observation rounds of the facility will be conducted by the These findings were verified by the maintenance Maintenance Supervisor to ensure the director and acknowledge by the administrator facility physical plant and overall during the exit conference on 7/27/2015. environment is maintained in continued compliance with the facilities maintenance program with findings reported to the OA Committee monthly x 3 months or until resolved. Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

08-20-2015 31 /31 5 FORM APPROVED Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 0102 B. WING TN2602 07/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD **GOLDEN LIVINGCENTER - MOUNTAIN VIEW** WINCHESTER, TN 37398 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ΙD PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 831 1200-8-6-.08 (1) Building Standards N 831 b) Weekly observation rounds of the laundry room will be conducted by (1) A nursing home shall construct, arrange, and the Executive Director to ensure maintain the condition of the physical plant and continued compliance with the the overall nursing home environment in such a facility's preventative maintenance manner that the safety and well-being of the program as it relates lint build up in residents are assured. the dryers with findings reported monthly QA Committee x 3 months or until resolved. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain an overall environment. The findings included: 1. Observation on 7/27/2015 at 10:04 AM, revealed the ceiling was damaged in the main dining room. Observation on 7/27/2015 at 10:44 AM, revealed damaged walls in the following areas: room D-3 in the bathroom under the sink and D-wing shower room (3 by 4). 3.Observation on 7/27/2015 at 10:44 AM, revealed damaged flooring in room D-3. 4. Observation on 7/27/2015 at 12:56 PM, revealed the back of the gas dryers were covered in lint. These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 7/27/2015.

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